

8.B Medicare: Enrollment, Utilization, & Reimbursement

Table 8.B7.—Hospital Insurance: Number of bills for inpatient short-stay hospital care approved for payment, covered days, total charges, and amount reimbursed, by type of beneficiary, 1966–1998

[In thousands. Includes only approved bills
recorded in the Health Care Financing Administration records before March 31, 1999]

Year approved	Approved bills			Hospital charges				
	Number	Covered days of care		Covered charges			Reimbursements ¹	
		Total	Average per bill	Total (in thousands)	Average per bill	Average per day	Total (in thousands)	As percent of total covered charges
	Total							
1966	1,828,141	22,809,244	12.5	\$1,003,320	\$549	\$44	\$799,523	79.7
1967	5,266,638	70,055,113	13.3	3,489,616	663	50	2,798,693	80.2
1970	6,209,591	76,852,635	12.4	5,832,754	939	76	4,500,815	77.2
1973	7,082,683	79,937,365	11.3	8,417,748	1,188	105	6,359,521	75.5
1975	8,541,618	90,292,195	10.6	13,104,395	1,534	145	9,835,732	75.1
1980	10,921,583	107,603,473	9.9	31,647,547	2,898	294	22,013,585	69.6
1985	10,189,470	84,310,851	8.3	50,208,653	4,928	596	34,850,111	69.4
1986	10,541,725	88,038,135	8.4	59,937,741	5,686	681	36,820,853	61.4
1987	10,420,095	89,536,425	8.6	67,956,998	6,522	759	37,846,592	55.7
1988	10,523,580	89,766,765	8.5	77,886,982	7,401	868	39,791,985	51.1
1989	10,187,185	86,076,390	8.4	85,961,645	8,438	999	43,183,711	50.2
1990	10,262,565	84,267,630	8.2	95,761,702	9,331	1,136	45,474,121	47.5
1991	10,506,695	84,803,955	8.1	111,535,931	10,616	1,315	50,546,949	45.3
1992	11,144,725	86,461,715	7.8	129,918,291	11,657	1,503	60,690,230	46.7
1993	10,794,415	79,604,975	7.4	133,993,413	12,413	1,683	61,965,545	46.2
1994	11,122,080	77,259,280	6.9	141,487,802	12,721	1,831	65,291,043	46.1
1995	11,467,195	73,986,160	6.5	148,280,557	12,931	2,004	70,316,663	47.4
1996	11,404,895	68,991,100	6.0	150,600,081	13,205	2,183	72,857,454	48.4
1997	11,547,375	67,214,350	5.8	158,264,477	13,706	2,355	75,576,017	47.8
1998 ²	11,377,750	64,316,495	5.7	163,715,369	14,389	2,545	73,773,378	45.1
	Persons aged 65 or older							
1973	6,883,038	77,966,979	11.3	\$8,197,733	\$1,191	\$105	\$6,195,272	75.6
1975	7,742,578	82,294,878	10.6	11,845,313	1,530	144	8,914,522	75.3
1980	9,620,779	95,369,774	9.9	27,823,714	2,892	292	19,389,819	69.7
1985	9,062,007	75,150,875	8.3	44,634,565	4,925	594	30,966,455	69.4
1986	9,336,740	78,074,705	8.4	53,029,839	5,680	679	32,639,592	61.5
1987	9,278,660	79,866,820	8.6	60,498,082	6,520	757	33,823,993	55.9
1988	9,383,920	80,384,315	8.6	69,428,305	7,399	864	35,687,490	51.4
1989	9,038,575	76,633,190	8.5	76,314,882	8,443	996	38,445,830	50.4
1990	9,192,865	76,239,010	8.3	85,726,144	9,325	1,124	40,814,573	47.6
1991	9,395,375	76,613,010	8.2	99,608,326	10,602	1,300	45,294,735	45.5
1992	9,914,640	77,739,295	7.8	115,430,501	11,642	1,485	54,185,138	46.9
1993	9,561,340	71,281,240	7.5	118,595,533	12,404	1,664	55,030,216	46.4
1994	9,784,685	68,642,760	7.0	124,330,990	12,707	1,811	57,528,832	46.3
1995	10,025,145	65,298,650	6.5	129,539,549	12,921	1,984	61,488,999	47.5
1996	9,908,050	60,504,350	6.1	130,968,169	13,218	2,165	63,331,795	48.4
1997	10,018,105	58,722,815	5.9	137,443,598	13,720	2,341	65,549,013	47.7
1998 ²	9,824,105	55,949,075	5.7	141,374,377	14,391	2,527	63,635,965	45.0
	Disabled persons							
1973	199,645	1,970,386	9.9	220,015	\$1,102	\$112	\$164,249	74.7
1975	799,040	7,997,317	10.0	1,259,082	1,576	157	921,210	73.2
1980	1,300,804	12,233,699	9.4	3,823,833	2,940	313	2,623,766	68.6
1985	1,127,463	9,159,976	8.1	5,574,088	4,944	609	3,883,655	69.7
1986	1,204,985	9,963,430	8.3	6,907,902	5,733	693	4,181,361	60.5
1987	1,141,435	9,669,605	8.5	7,458,916	6,535	771	4,022,599	53.9
1988	1,139,660	9,382,450	8.2	8,458,677	7,422	902	4,104,495	48.5
1989	1,148,610	9,443,200	8.2	9,646,763	8,399	1,022	4,737,881	49.1
1990	1,069,700	8,028,620	7.5	10,035,558	9,382	1,250	4,659,548	46.4
1991	1,111,320	8,190,945	7.4	11,927,605	10,733	1,456	5,252,214	44.0
1992	1,230,085	8,722,420	7.1	14,487,790	11,778	1,661	6,505,092	44.9
1993	1,233,075	8,323,735	6.8	15,397,880	12,487	1,850	6,935,329	45.0
1994	1,337,395	8,616,520	6.4	17,156,812	12,829	1,991	7,762,211	45.2
1995	1,442,050	8,687,510	6.0	18,741,008	12,996	2,157	8,827,664	47.1
1996	1,496,845	8,486,750	5.7	19,631,912	13,116	2,313	9,525,659	48.5
1997	1,529,270	8,491,535	5.6	20,820,879	13,615	2,452	10,027,004	48.2
1998 ²	1,553,645	8,367,420	5.4	22,340,992	14,380	2,670	10,137,413	45.4

¹ Social Security Amendments of 1983 (P.L. 98-21) replace (for most hospitals) the retrospective cost reimbursement system and the cost-per-case limits and rate of increase ceiling created by the Tax Equity and Fiscal Responsibility Act of 1982. Effective with hospital cost-reporting periods beginning on or after Oct 1, 1983. Medicare payments for inpatient operating costs are to be based on a fixed amount, determined in advance for each case, according to one of 511 diagnosis related groups (DRGs) into which a case is classified. The prospective payment is considered payment in full; hospitals are prohibited from charging beneficiaries more than the statutory deductible and coinsurance. Additional payments, determined by nondiagnostic criteria, are made to hospitals by the program for various "pass-through" costs and additional adjustments. These additional payments are not included in the patient hospital billing amounts reimbursed shown in this table.

² Data for 1998 are incomplete due to bill processing lags.